

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MISSISSIPPI DEPARTMENT OF HUMAN SERVICES		CONTACT PERSON Earl Scales, Esq.	TELEPHONE NUMBER 601-359-4237	
ADDRESS 750 NORTH STATE STREET		CITY JACKSON	STATE MS	ZIP 39202
EMAIL escal@ago.state.ms.us	SUBMIT DATE 12/29/11	Name or number of rule(s): CHILD CARE POLICY MANUAL Title 18-1.01		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The purpose of the proposed amendment is to revise the Child Care Policy Manual that established policies for the Child Care Certificate Program. Specifically to bring the administration of the child care program in house and therefore the program will not be administered by the eight PDD and one Head Start Agency.

Specific legal authority authorizing the promulgation of rule: Section 43-1-2, et. seq. of the MS Code Annotated

List all rules repealed, amended, or suspended by the proposed rule: Prior Child Care Development Fund Policy Manuals

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on Date: 12/27/2011 Time: 9:00AM Place: Mississippi Public Broadcasting Auditorium 3825 Ridgewood Road, Jackson, MS See website www.childcareinfo.ms for proceeding rules.

☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

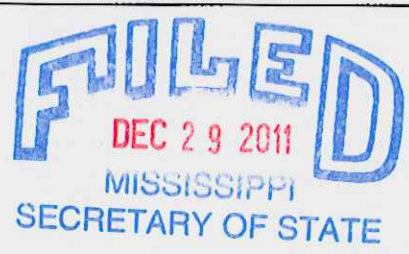
ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: <u>12/02/11</u> Action taken: _____ Adopted with no changes in text <input checked="" type="checkbox"/> Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: <u>2/01/12</u> 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Earl Scales, Esq.

Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____	<div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> Accepted for filing by <u>CB18343E</u>